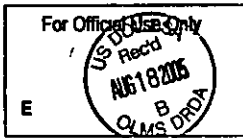


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9721</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Christopher</u> <u>M</u> <u>Gullett</u> P O Box Bldg Room No if any _____ Street <u>2860 Circle Drive</u> City <u>Portsmouth</u> State <u>Ohio</u> ZIP Code + 4 <u>45662</u>	4 Name file number and address of labor organization Name <u>Millwrights &amp; Machin Erectrs Local No 1519</u> Labor Organization File Number <u>537313</u> P O Box Building and Room Number if any _____ Street <u>1910 County Road 1</u> City <u>South Point</u> State <u>Ohio</u> ZIP Code + 4 <u>45680</u>
5 Position in labor organization _____	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income _____ 7 b. Amount _____

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Chris Gullett</u>	On <u>8-12-05</u> Date	<u>740 353 3825</u> Telephone Number

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name Construction Industry Health and Welfare Pla

Trade Name if any for Millwrights Local No 1519

P O Box Bldg Room No if any

Street 333 W Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c. is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Trustee reimbursement for attendance at Trustee Meeting held October 14 2004

**11 b Approximate dollar value of such dealing**

\$99

**12 a Nature of interest held or income received**

Reimbursement for one half of mileage expense at 375 per mile to attend October 14 2004 Committee Meeting plus one half of Lost Wages for 8 hours at \$22 61 per hour

**12 b Amount**

\$99

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment.**13 b. Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment.**

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Construction Industry Health and Welfare Pla

Trade Name if any for Millwrights Local No 1519

P O Box, Bldg Room No if any

Street 333 W Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Trustee reimbursement for attendance at Trustee Meeting held November 23 2004

## 11 b Approximate dollar value of such dealing

\$126

## 12 a Nature of interest held or income received

Reimbursement for mileage expense at 375 per mile to attend November 2004 Committee Meeting plus Lost Wages for 4 hours at \$23 17 per hour

## 12 b Amount

\$126

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Construction Industry Health and Welfare Pla

Trade Name if any for Millwrights Local No 1519

P O Box Bldg Room No if any

Street 333 W Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Trustee reimbursement for attendance at Trustee Meeting held December 7 2004

11 b Approximate dollar value of such dealing

\$150

## 12 a Nature of interest held or income received

Reimbursement for mileage expense at 375 per mile to attend December 2004 Committee Meeting plus Lost Wages for 5 hours at \$23 17 per hour

12 b Amount

\$150

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Construction Industry Health and Welfare Pla

Trade Name if any for Millwrights Local No 1519

P O Box, Bldg Room No if any

Street 333 W Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Trustee Reimbursement travel expenses for attendance at International Foundation of Employee Benefit Plans Conference in New Orleans November 30 2004 through December 5 2004

## 11 b Approximate dollar value of such dealing

\$1 330

## 12 a Nature of interest held or income received

Reimbursement for one half of airfare mileage at 375 per mile hotel lost wages for 40 hours @ \$23 17 per hour meals and cabs to hotel to attend International Foundation of Employee Benefit Plans Conference Nov 30 - Dec 5 2004

## 12 b Amount

\$1 330

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Millwrgrts &amp; Mach Erectrs Local 1519 Annuity

Trade Name if any

P O Box Bldg Room No if any

Street 333 W Vine Street Suite 500

City Lexington

State Kentucky

ZIP Code + 4 40507

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Trustee reimbursement for attendance at Trustee Meeting held October 14 2004

## 11 b Approximate dollar value of such dealing

\$99

## 12 a Nature of interest held or income received

Reimbursement for one half of mileage expense at 375 per mile to attend October 14 2004 Trustee Meeting plus one half of Lost Wages for 8 hours at \$22 61 per hour

## 12 b Amount

\$99

## Part B Continuation Page

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Trade Name if any

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State Kentucky

ZIP Code + 4 40507

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City

State

ZIP Code + 4

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## 12 b Amount

\$1 330